CITY OF SPRINGFIELD DIVISION OF TAXATION P.O. BOX 5200 SPRINGFIELD, OH 45501 TELEPHONE: (937) 324-7357 FAX: (937) 328-3471

INCOME TAX RETURN

DUE BY APRIL 15 OF FOLLOWING YEAR

INDIVIDUAL FILING ONLY

TAXPAYER ACCT#		SPOUSE ACCT#	
TELEPHONE NUMBER	TEMOVED IV	TELEPHONE NUMBER	OUT
FORMER ADDRESS	TE MOVED: IN OUT	IF YOU MOVED DURING THE YEAR: DATE MOVED: IN FORMER ADDRESS	001
PART I I HAVE ONL	Y NON-TAXABLE INCOME	PART I I HAVE ONLY NON-TAXA	ABLE INCOME
	RCE	STATE SOURCE	
		· · · · · · · · · · · · · · · · · · ·	
PART II	1. TOTAL WAGES AND COMPENSA	COME ATION (See instructions) 1.	PART I
1. 2.	2. TOTAL OTHER INCOME (From Wo	(See W2 Sample)	
3.	TOTAL OTHER INCOME (From Works) NET ADJUSTMENTS (From Works)	orksheet B on reverse side. See instructions.)	
4.	4. TOTAL TAXABLE INCOME (Add lin		
5.	5. SPRINGFIELD CITY TAX – 2% (Mi	ultiply line 4 by .02)	5
	PAYMENTS	AND CREDITS	
6.	6. ESTIMATED PAYMENTS / PRIOR Y	YEAR OVERPAYMENT CREDIT 6.	
7.	7. WITHHELD FOR SPRINGFIELD (Fr	rom W-2) 7.	
8.		TAX CREDIT (From Worksheet D on reverse side) 8.	
9. 10.	9. TOTAL PAYMENTS AND CREDITS 10. BALANCE OF TAX DUE (line 5 min	(Add Lines 6 through 8. See Instructions) 9.	10.
			10.
11.	11. INTEREST DUE (See Instructions.	· —	
12.	12. LATE PENALTIES (See Instruction		
13.	13. TOTAL PENALTY AND INTERES	·	13.
14. 15.	14. TOTAL TAX, PENALTY AND INTE	, , , , , , , , , , , , , , , , , , ,	14. 15.
	REFUND TRANSFER TO SPOUSE NO REFUNDS OR CRE	,	□ REFUND □ TRANSFER TO SPOUSE
		correct and complete return for the taxable period stated and that which affects tax liability shown on this return, an amended return	
SOCIAL SECURITY NUMBER		SOCIAL SECURITY NUMBER	
TAXPAYER	(DATE)	SPOUSE	(DATE)
PART IV			
PREPARER'S SIGNATURE (OTHER THAN	TAXPAYER)(D	DATE)F.E.I.N. OR SOC. SEC. NO	
ADDRESS (AND ZIP CODE)		TELEPHONE	

IF THIS RETURN WAS PREPARED BY A TAX PRACTITIONER, MAY WE CONTACT YOUR PRACTITIONER DIRECTLY WITH QUESTIONS REGARDING THE PREPARATION OF THIS RETURN? (MAKE CHECK OR MONEY ORDER PAYABLE TO COMMISSIONER OF TAXATION, SPRINGFIELD, OHIO, IF \$1.00 OR MORE)

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WORKSHEET A	- WAGES AND COMPENSATION (From V	V_2'e)
WUKKSHEEL A	- WACES AND COMPENSATION (FIGHT V	V-2 SI

Location where earned - List separately	Total wages (as shown on W-2 form)	Withheld for Springfield
(To Part II, Line 1)		

WORKSHEET B - OTHER INCOME (From Schedules and Attachments)

TYPE	LOCATION	Net Taxable Gain From Fed. Schedule	Net Taxable Loss From Fed. Schedule
Proprietorship Income (Schedule C)			
Rental Income (Schedule E)			
Partnership Income (Schedule E/K-1)			
Farm Income (Schedule F)			
Other Income			
	(To Part II, Line 2)		

Losses from schedules or businesses, including multiple partnerships, may not offset gains from other schedules or businesses except sole proprietorships, rentals and farms in the name of the same individual. Net losses may not offset personal service compensation, wages or W-2 income.

Partnership losses may not offset partnership, sole proprietorship, rental or farm gains.

Jointly owned rental property gains/losses are allocated equally among owners of record, unless otherwise indicated.

WORKSHEET C	- ADJUSTMENTS TO INCOME - Must fully explain and support
with documentation	n and calculations. Proration of income results in proration of credit

MPLOYEE BUSINESS EXPENSE *	9	6

(To Part II, Line 3)

*MUST ATTACH BOTH FEDERAL SCHEDULE A AND FORM 2106 See Instructions for deduction limitations.

OTHER ADJUSTMENTS\$	
	(To Part II Line 3)

WORKSHEET D - CREDIT FOR OTHER CITY TAX OR JOINT ECONOMIC DEVELOPMENT DISTRICT (JEDD) TAX PAID - SEE INSTRUCTIONS

Other City Credit Allowed: 1/2 of tax correctly paid, maximum allowable credit 1% of taxable income earned in other jurisdictions.

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A	D	L L	D	

LOCATION	TAXABLE INCOME	OTHER CITY TAX PAID	2 % of Column B	LESSER of Column C or D

ALLOWABLE CREDIT, (To Part II, Line 8)

TOTAL			
	Х	.5	

SPOUSE

WODVCHEET	۸	WACES	AND	COMPENSATION	(From W 2'c

Location where earned - List separately	Total wages (as shown on W-2 form)	Withheld for Springfield
(To Part II, Line 1)		

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EMDLOVEE BUSINESS EXPENSE *	\$	

(To Part II, Line 3)

(To Part II, Line 3) *MUST ATTACH BOTH FEDERAL SCHEDULE A AND FORM 2106

See Instructions for deduction limitations.	
OTHER ADJUSTMENTS\$	

WORKSHEET D	- CREDIT FOR	OTHER CITY TAX	OR JOINT	ECONOMIC
DEVELOPMENT I	DISTRICT (JEDD) TAX PAID - SEE	INSTRUCT	IONS

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A B C D E

	ı	OTLIED		
LOCATION	TAXABLE INCOME	OTHER CITY TAX PAID	2 % of Column B	LESSER of Column C or D

	TOTAL	
-	X .5	

ALLOWABLE CREDIT, (To Part II, Line 8)